

HANDICAP INTERNATIONAL

Medical Programs using appropriate
technology to rehabilitate
handicapped persons

HANDICAP INTERNATIONAL

EXPLORATORY MISSION

HERAT

AFGHANISTAN

DECEMBER 1994

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1. BACKGROUND

This exploratory mission came in the general mood leading hosting countries and aid agencies to think that time has come to support rehabilitation inside Afghanistan rather than to continue with massive help to refugees.

If this idea is not new among the aid agencies, it has however not been possible to put it into action on a significant scale up to now, due to continuous instability in the country. But presently, it is every day more evident that host countries (Pakistan and Iran) want to put pressure for repatriation of the refugees. It is also clear that the interest of the international community for the afghan conflict is diminishing, with dramatic effect on the contribution to relief actions from the traditional donors.

Since a few month, some agencies have started activities in the areas showing a minimum stability. Most of the agencies, because of their location in Pakistan (Quetta and Peshawar), have started activities in the eastern provinces. Herat province, although recognized as the most (and only) peaceful area of Afghanistan since the fall of the communist regime in April 1992, has received less assistance until recently, because located far away from the Pakistan-based agencies.

In this context, the need for programmes in favour of the disabled (identified as one of the "vulnerable groups" among refugees and returnees) in that province has been expressed, and in coordination with the other agencies concerned by the matter (CDAP, SGAA, UNHCR) H.I. has shown interest in implementing a reference centre for physiotherapy and production of orthotic devices in Herat city.

2. OBJECTIVES OF THE MISSION

This mission had four objectives:

1. to assess on the security conditions and political stability: do they allow to establish a long term programme, development-oriented;
2. to assess on the material/logistic conditions for implementation;
3. to assess on strategic conditions for implementation;
4. to evaluate possible local partnership.

3. MEETINGS / VISITS

People and organization met (formally or informally) were:
In Peshawar:

- * CDAP
- * MADERA
- * EUROPEAN UNION
- * SGAA
- * ACBAR
- * CHA

In Herat:

- * UNHCR
- * UNOCHA
- * UNICEF
- * UNDP/OPS
- * WHO
- * IOM
- * M. Hadji MIR, Assistant of Ismaël Khan
- * Dr. Khairullah RAHMATI, Regional Director of Health
- * Directorate for the Disabled and Martyrs
- * M. FAROOK, Minister of Foreign affairs, and his assistant, M. YUSSUFI
- * M. KAYUM, Ceremony Officer for the Governor
- * Iranian Consulate
- * OMAR (Demining office)
- * NPO
- * MDM
- * IAM
- * DAC
- * DACAAR
- * SCF/UK
- * ICRC workshop (previous Zindadjan technicians and physio)
- * ICRC delegation

Special thanks to MDM (logistics and welcome), ICRC (Flight to Herat), OMAR (radio contacts with Quetta, field visit), UNHCR (arrangements before departure), to ICRI (Iran, for visa obtention) and to UNOCHA (Flight to Islamabad).

4. CONCERNED AREA

The reference in this report is Herat Province.

However, the area of influence of Ismail Khan's self-proclaimed Emirate of Western Afghanistan, (Herat province, large parts of Badghis, western Ghor and parts of Farah), can be presently considered as maximum target area.

5. CONTEXT

5.1. Geography

Size: 38,799 sq. km. for the province.

Distances: 114 km. from iranian border (Islam Qala)
160 km. from Turkmenistan border (Tur Ghundy)
662 km. from Kabul
868 km. from Peshawar (Pakistan)
420 km. from Mashad (Iran)
480 km. from Kandahar.

Population: pre-war: Province: 776,614
 City: 138,613
 projected 1993: Province: 934,572
 City: 178,985

The real figures seem to be much higher, which can be partially explained by the high number of internally displaced persons (IDP's). Even during the war, the refugees to Iran were more than replaced by IDP's (Jane Thomas, Op.Cit. in annex).

Etnicity: "Tadjiks" (in the sense of Farsi speaking) or Persians from the majority, pushtoons and turkoman are also present.

Language: essentially Farsi. English is the second language, but very few people can speak it. A translator is needed for any meeting with local administration.

5.2. Authorities

The main factions forming the Government in Kabul are still fighting each other inside Kabul city. There is consequently no stable Government to rule the country especially at provincial level.

The authority on the province of Herat is then clearly under the control of the Jamiat Islami of Ismail Khan. He assumes the function of Governor of the Province, and although proclaiming himself Emir of the Emirate of Western Afghanistan, he seems to respect the few remainings of authority from the Government in Kabul when exercised. He has not expressed the will to separate his Emirate from the rest of Afghanistan.

The main success of Ismaïl Khan's government is in ensuring law and order throughout the main area under his control: only official check-posts on the roads, no taxation posts, weapons only in the hands of official Army soldiers, apparently low criminality in Herat city...

The other sectors of Herat life suffer from the disorganization of the Administration. No decision can be taken without consulting the Emir, many key positions have been given to mujaheddeen commanders or religious leaders without administrative experience, the extremely low level of the salaries creates an incredibly high rate of absenteeism, not speaking about corruption...

We can say that the whole administrative structure is not able to function under the present circumstances.

5.3. Infrastructure

- Herat city has almost no public water and sanitation system. Every compound has his own well. Public electricity is supposed to be offered for three hours/day, but there is none since a long time. Most of the villages South and West of Herat city have been heavily destroyed during the war and have no infrastructure anymore.

- There is no postal service in Herat. The only way to get mail outside the city is by pouching systems (via ICRC or UN).

- Telephone network is working only inside Herat. The only way to communicate outside is with radio or satellite telephone.

5.4. Economy

Herat's economy is essentially based on trade with neighbouring countries and provinces, agriculture (wheat, corn, rice, cotton, grapes...), carpet making and silk industry.

After 15 years of conflict, it is a hard challenge to rebuild a stable economy. As soon as Ismail Khan took over the power in 1992, and guaranteed some stability in his Province, people restarted economic activities. Today, we can see the bazaars full of any kind of goods, lots of buildings under construction, trucks loading to supply other cities of the country. Herat is again a busy trading place.

The pressure of the flow of returnees from Iran, as well as internally displaced persons (IDP's) due to fighting in other provinces, which at least doubled Herat's population since 1992; the lack of economic policy from the Government; the dependance on imported goods from Iran and Turkmenistan; and the permanent and extremely fast inflation, create a state of dramatic fragility of the local economy. Many prices are now given in US \$. Many agencies calculate their salaries on a dollar basis, in order to avoid adapting them every month according to the inflation. It seems however that speculation on the dollar is going faster than prices' inflation. Then it means that salaries are increasing faster than the inflation. So, to guarantee a standard purchasing power each month, the salaries should be calculated each month according to a list of prices on the market which can be computerized and reviewed regularly.

5.5. Refugees - displaced - repatriation

Pakistan-based agencies have often forgotten that there are almost as many refugees in Iran as in Pakistan. The figure in the beginning of 1992 was approximately 2.3 million individuals.

As Iranian authorities have put pressure¹ on afghan refugees to return to their country since a few months, the flow of returnees has been impressive lately.

The afflux of IDP's has two origins. One is created by the returnees originally from other provinces who have to transit through Herat. Transit camps are organized by UNHCR and the Government, providing assistance for about one week, but some people have difficulties to proceed rapidly to their home province due to insecurity in those or to road and weather conditions. The other is created by the continuation of conflicts in other provinces (particularly Kabul).

As the phenomenon of IDP's cumulates with large refugee movements and doesn't enter directly into the mandate of UNHCR, support to them is not systematic, so that they put one more threat on the stability of Herat region.

5.6. Aid - development

Most of the UN agencies and a few Afghan and International NGOs have opened regional offices. If the number of NGOs represented is not yet very important, the scale of activities is quite large due to the satisfactory security conditions in the region.

Priorities are:

- * rebuilding of infrastructures like roads, bridges, hospitals, schools... (UNDP/OPS, UNICEF, UNHCR, DACAAR, NPO, SCF/UK...);
- * irrigation (UNDP/OPS, DACAAR);
- * demining (OMAR, MCPA);
- * water and sanitation (UNDP/OPS, DACAAR, UNHCR)
- * support to health structures (WHO, MDM, DAC, ICRC, CHA...).

Most of the programmes are emergency-oriented, to face and favourish the massive return of refugees.

Some agencies are also proposing vocational trainings for the most vulnerable groups (tailoring, carpet weaving...) (UNHCR, CHA, NPO,...). Development-oriented activities are still very few.

¹ By suppressing the tax facilities for afghan shopkeepers, deporting illegals to the border, banning employment of afghans for jobs in Khorasan Province...

There is no formal coordination system between the different agencies. The small number of them and the size of Herat city allows a reasonable circulation of information. Still it was our feeling that the will of coordinating activities and especially policies is not really present.

5.7. Health structures

The Regional Hospital of Herat is the only remaining structure of some scale (400 beds). It hardly provides real health services: lack of electricity (3 hours/day...when there is fuel); lack of water (3 hours/day...when there is electricity to action the pumps); lack of motivation from the personnel (low salaries, no real authority in the hospital, heavy administrative system). Most of its personnel has a private praxis where they spend the major part of their working time.

At the district level, the few Basic Health Centres (BHC's) not damaged by the war face the same difficulties.

The number and the competence of the medical and para medical staff are not easy to ascertain as there is few concordance between the different sources. The main problem is always the motivation.

5.8. Programmes for the disabled

* ICRC has opened in 1992 an orthopaedic workshop for war wounded, producing essentially prostheses for the amputees (80 to 100 per month). They also provide crutches and a few wheelchairs sent by their workshop in Kabul. The production of other devices remains occasional, due to the high number of amputees.

* The Hospital has a Physiotherapy department, but this one is rarely concerned by handicapped patients. The main pathology treated there is back pain.

* IAM started a two years training for seven female physiotherapists in the Faculty of Medicine of Herat. The certificate is recognized at national level. They recently started a light supervision on the physiotherapy department of the Hospital.

* NPO and some other agencies are organizing vocational trainings for the disabled.

* SCF/UK is starting programmes for school integration of disabled children.

* UNICEF is in an exploratory phase about children and disability in Herat. They will focus more particularly on "emotional disability" caused by the war and refugee condition. A training in this sense could start in March with a consultant who will work with school teachers first.

6. ASSESSMENT / VULNERABILITIES / RECOMMENDATIONS

6.1. Security

Assessment on security in Herat is a very delicate matter. On one side, it is clear that Herat is the only peaceful province of Afghanistan for the time being. The Government has managed his stability through dialogue and integration of most of the other factions, or have been strong enough to pull out ennemis not willing to share the power. On another side, people know that the charismatic leader Ismaïl Khan has made this possible, but what will happen if he disappears? And yet on another side, the struggle for the central power over Afghanistan is at its wildest. It is then evident that Herat remains peaceful as long as the Central Government is acceptable to Ismaïl Khan's Party and as Ismaïl Khan's Party acceptable to the Central Government!

Witnessing this fragility are two examples.

* At the end of June, beginning of July 94, for about two weeks, planes of General Dostum have launched early morning bombing raids over the city, causing important casualties among the civilian population (about 70 dead). The UN staff decided to temporarily evacuate in Iran for a week. This can be considered as an intimidation raid at a period of bad relations between the old enemies Ismaïl Khan and General Dostum.

* In the middle of November 94, a new and strong movement (the "Talebs") suddenly marched over Kandahar, Helmand and Ghazni provinces, taking power in those three provinces in less than three weeks. The question about invading Herat seems to have been avoided through tough negotiation and guaranties of collaboration. The resistance of Ismaïl Khan in case of invasion would have open a new state of war in the Province.

One more point to consider in the case of the presence of expatriate staff is the difficulty to "escape" quickly from the place. The two only planes landing in Herat (ICRC and UN) are too small to take care of all the expatriate community and have no instructions to be responsible for the non UN and non ICRC personnel. Above all, in case of trouble, the airport is the first strategic place to be closed. Leaving the country by road can be done to Iran or to Turkmenistan, but those two borders are not easy to cross without prior formal autorisation, especially with cars. However, Iranian as well as Turkoman authorities have assured the expatriate community of their support in such cases (still to be verified). This supposes also that the roads are safe...

Most of the agencies present in Herat apply strict security rules (daily contacts with other cities, walkie-talkies for expats outside the office, women should not travel alone in town and drive cars, ...).

RECOMMENDATIONS:

- every expatriate must always have a valid multiple entry visa for Iran on his passport;
- H.I. must organise its own telecommunication system: radio, walkie-talkies, satellite telephone/fax;
- keep contact (radio, satellite telephone with other NGO's or UN) with Kabul, Islamabad, Peshawar, Mashad and Tehran for information on the situation inside Afghanistan and to be able to request help from diplomatic authorities based in those places;
- because of mines, avoid trips away from the main roads and keep in touch with OMAR office to know about cleared areas (N.B.: "cleared area" remains a quite relative concept);
- vehicles must be kept in perfect condition, with a long distance kit always ready (400 L. fuel, oil, anti-freeze, traction cable...) - N.B.: fuel shortages are frequent: Iranian blockade against smuggling, sudden massive export to other provinces...

6.2. Material implementing conditions

- Local purchase of tools and material for production of orthopaedic devices: see annex.
- Language: learning farsi at the beginning of their stay is highly recommended for expatriates. Very few people speak fluent english, especially among the authorities. A good translator is essential.
- Communication: mail will be organized by pouching system agreed with ICRC or UN (ICRC verbally agreed on the principle for normal mail). Telephone only works inside the city of Herat. A radio system is essential to communicate with other cities in Afghanistan and with Iran or Pakistan. All agencies working here have radios in the cars and walkie-talkies. A satellite telephone can be shared with MDM, but many people already use it (cheaper than the UN!). One minute costs between 4.5 and 6 US\$ (all destinations). For more freedom and safety, investment in a satellite telephone should also be done.
- Travel:
 - * Road: Only on the main roads, and within the frontiers of the Province. Borders can be reached by bus or minibusses. At the Iranian border, lots of taxis and busses are reported to be waiting for you. Crossing the Iranian border with your own car seems to be a difficult matter.
 - * By air: Only two planes are joining Herat to other cities (Kabul, Mazar, Jalalabad) and Pakistan: ICRC and UN. The Army/Government plane also flies sometimes to Kabul and Peshawar. ICRC and Army are free of charges. UN costs 350 US\$ one way (Herat-Islamabad). None of them is easy to book, as they give priority to their own staff. ICRC has proved to be more reliable. IAM (+/- 40 expats all over Afghanistan) will probably soon have their own plane, based in Peshawar, and partially available for other NGOs.

The impression to get stuck in Herat is a very common feeling among the expat community there...

* visas: Iran: takes some time to be obtained, between two and four weeks for a first request, but works. Transit visas can be given in two days.

Turkmenistan: not tested, but people say it is hard to get, and it is not sure to be accepted at the border.

Pakistan: not tested. Only problem reported was the absence of the official stamp at the Consulate in the first month...

No other country is represented in Herat at the moment.

- Location for Workshop:

* In the Hospital compound: according to the Director of the Hospital (also Director of the Health Dept. of Herat), room inside the present Hospital building are not available for the long term. Some space could be given for the time necessary for construction. Some land could be given inside the Hospital compound for construction: the Director seems to be easy on the question, there is effectively space enough. ICRC received a huge space two years ago for their workshop. In case of construction, see also 6.4. Partnership - DACAAR.

* Outside the Hospital compound: the Director of Health said that his directorate possesses land in other parts of the city. To hire a house big enough seems to be a difficult task in Herat.

On the strategic reasons to chose in-or outside, see 6.3.

- Energy: as there is no public electricity available (because of shortage of fuel for the power station), and as the situation is not likely to change soon, every programme and household has his own generator. The generators of the Hospital suffer from the same shortage as the city power station.

- Local market: everything is available in Herat, goods as well as services (e.g. pharmacy, processing of photos, tailors) if you don't care too much about quality and diversity. See annex for prices. Prices are very changing, according to the general tendency to inflation, and according to sudden shortages (especially for goods imported from Iran, fuel being the most sensitive). Office automation material such as computers, fax, photocopy machine have to be imported, as well as spare parts.

- Accommodation: finding a suitable house for expatriates will be another challenge: condition of most of the houses is very poor, availability in the city centre is scarce and prices are growing quickly. The best mid-term solution for the installation period seems to be the Minarets Guest House: not too expensive, comfortable enough, friendly personnel, and every kind of adaptation is possible (with money...). Then negotiations have to be carried on with the authorities to decrease the rental taxations (60% to 30%). Prices fluctuate between 150 \$ (MDM) and 500 \$ (ICRC).

- Health facilities: the Hospital doesn't offer a proper service in case of emergency. Doctors from MDM and DAC (surgery) are present as advisors only and cannot be considered as a solution for expats. They will be helpful in case of normal treatment. Local pharmacies have most of the needed drugs. In case of serious emergency, an evacuation will have to be dealt with the agencies having planes (all together a maximum of 4 flights/weeks at the moment and only to Pakistan). Evacuation by road to Iran is difficult because of the difficulty to cross the border with a car. And the trip to Mashad should take a minimum of 6 - 7 hours. It should be also seriously checked about the kind of services and relays the insurance company for expats (ELVIA) offers in Pakistan and Iran.

- Entertainment: The region is currently under strict Islamic rules, which means quite restricted possibilities for expats, especially women. Coming with family (non working partner and children) is not at all recommended. UN staff, for example, are not allowed to come with family. This is for security, health and social life reasons. Up to now, the city is under curfew from 22 h., which makes social life even less significant. Travelling and walking in the areas around the city is still dangerous mainly because of isolation and mines. The main source of entertainment is the incredibly rich past of Herat. Every old monument (and they are plenty) has the most interesting history, Herat being at the crossroad of all the big conquest movements at least from Alexander the Great. People interested in handicrafts will find many sources of satisfaction (glass factory, carpet weaving, music instruments, silk work...). Sport facilities are none, except a football field and the Friday's volleyball meeting at the UN Guest House (expats only). Restaurants are practically none, and food intoxication is more than frequent. The only places to eat correctly are the UN guest House (1 \$) and the Minarets (3 \$). Not tested because far away from the city centre are the Park Hotel and Herat Hotel, formerly considered as the luxury places to stay. Empty swimming pools testify the changing of the times.

- Currency: the US dollar is the reference, and gives the best exchange rate, but every foreign currency is welcome. The banking system is functioning inside the city only, which means that all the money has to be brought in cash from outside.

6.3. Strategic implementing conditions

- Beneficiaries

As the short time of the mission didn't allow us to make a serious survey on the field, we had to base our appreciation of the needs on the few and partial figures already available from several sources:

* WHO estimation for third world countries is an average of 10% disabled. 4% would be motor handicapped and 1,5% could benefit from reeducation and/or orthopaedic devices. According to the estimated population of Herat province (not taking into account the returnees and displaced movements), we can say that 15,000 persons are potential beneficiaries for physiotherapy and orthopaedic devices production services. This doesn't take amputees into account, whose number in Afghanistan is exceptionnaly high because of the war.

* H.I. experience in the refugee camps of Balochistan has shown that with a performing identification/referral/follow-up system, those figures are underestimated: on a population of about 800,000 refugees, H.I. identified more than 20,000 patients in 9 years.

* The physiotherapy department of the Hospital doesn't provide any devices, so it is mainly oriented to rhumathology treatments. A survey on the last three months' activities shows on a total of 135 newly registered patients:

71% rhumathology patients
13% polio patients
6% muscle atrophies (neuro peripheral problems)
5,2% Hemiplegic/paraplegic patients
2,2% drop foot patients...

* ICRC Prosthetic workshop sees about 80 amputees/month. Recently, the number of patients coming from Kandahar province raised importantly. They produce very sporadicly splints for other patients, and estimate that 20 to 30 persons are coming every month who could benefit from other devices than prosthesis, crutches or wheelchairs (splints, braces, shoes...). This, without any publicity as they are not in a position to provide those devices at the moment.

* The Directorate for the Disabled and Martyrs registered 490 disabled in the Province. It provides them with pensions (8,000 Afs/month) and are supposed to help them for social integration. They deal essentially with war wounded (amputees). They have no children in their records, and about five women.

* NPO has recently started a survey in order to select disabled trainees in the villages where they have activities. They proposed us to enlarge the survey to all categories of disabled. Results around February. Their impression for the moment is that the mentality in the Province makes access to disabled very difficult. But there is a great solidarity between them, so that the disabled themselves are the best source of information on their number and situation.

We recommend a mixed approach:

- * A space in the compound of the Regional Hospital should be negotiated, to keep close links with the Physio department as well as with the ICRC workshop based just beside it. The referral system of the patients should be easier this way, and all complementary services be close to each other.
- * As soon as possible, H.I. should look for the identification, or creation of a local independent structure (local NGO) motivated to take over the responsibility on the new structure. This one being inside the Hospital compound, one can fear sudden denial of the independence of the Service by the authorities of the Hospital. The implementing period should then be used to very carefully negotiate the conditions of this independence with the authorities before starting any investment inside the Hospital compound.
- * In case of significant improvement of the public structure in the coming years, the transmission to that structure could evidently be again a better solution. This will motivate since the beginning a carefull approach in terms of salaries and other advantages to the personnel.

6.4. Partnership

- * Public system: for the reasons explained above, it could not be considered as a performing partner at the moment. Still it is necessary to negotiate a work convention with the authorities, both in Kabul and Herat before starting activities.
- * ICRC: Contact must be taken with the responsible of the Orthopaedic programmes in Kabul (Alberto Cairo) in order to define possible ways of collaboration with their prosthetic workshop, to be more than just "neighbours".
- * CDAP: Integration of H.I. in the plans for CBR development should be considered from the beginning (expatriate expertise, logistic, former local staff from the refugee camps in Balochistan...).
- * IAM: The support they presently give to the physio department of the Hospital and to the training of Physiotherapists could be integrated and developed in the programme, in order to avoid duplication. This would be discussed precisely with their responsible (Kabul).
- * NPO: Collaboration with this NGO can be very useful in the objective of social integration of the disabled. They proved during our stay to be really active and willing to collaborate on realistic basis. Their knowledge of the districts and their experience in the Province could help the H.I. team in the implementing phase.

The general feeling is that the access to the disabled, and the consciousness of the population about the benefits of physiotherapy and devices is very weak for the time being. A simple example is lived every day in the Hospital, where about 20 patients hospitalized for severe burn injuries do not receive any follow up during their stay at the hospital, and end up with heavy contractures when the skin recovering has succeeded.

On another hand, the present movements of returning refugees to and through the province, added to IDP's shows a much higher figure for the real population in the Province and surrounding areas considered as under the control of Herat's Government.

- Field of intervention

* **Production of orthopaedic devices:** ICRC covers all the needs in terms of prostheses. They also provide patients with wheelchairs sent from their main workshop of Kabul. Needs are then expressed for the other devices: orthopaedic shoes, and all orthotic devices.

* **Physiotherapy:** the present physiotherapy service of the Hospital has a low level of activity, according to the general degradation of the services in the Hospital. It has to be strongly stimulated, reoriented to the contact with the patient and closely linked with the orthopaedic workshop.

* **Access to beneficiaries:** the beginning of activities for disabled should focus on creating networks facilitating access for them to the services and sensibilizing the community to the benefits of such services. See point 6.4. for partnership on this topic.

- Integration into local structures/ prospectives for autonomy

The state of dilapidation of the public infrastructure doesn't allow any hope for improvement in the mid-term. The extremely low salaries in the governmental system creates complete demotivation, search for other sources of income (thus absenteeism) and corruption. At the moment, there is also no alternative in the private structures. To meet the needs of the disabled, H.I. will then be obliged to create a service with a substitutive approach in the beginning. This should not lead to forgetting the objective of autonomy. It only supposes that the process will be more hazardous and long than in stable conditions.

* DACAAR: This important NGO is implementing most of the rehabilitation and construction works in the area. They are mainly funded by the European Union and DANIDA (Danish Cooperation), and implement several projects for UNDP/OPS. The local staff said it should be possible for them to undertake the construction of the workshop in 95. Confirmation must be obtained from the main office in Peshawar. This could be facilitated if funds for the H.I. project also come from the E.U.

Coordination with other agencies in Herat and at national level will give more chances for a successful autonomy process.

CONCLUSION

Given the extremely unstable situation prevailing in Afghanistan since years, it is particularly challenging to start programmes there with development objectives. Still it is felt every day stronger that peace and repatriation can only be encouraged if humanitarian help starts on a large scale inside the country. Herat is for the moment the best place for that, even if the first phase will look much more like assistance than developpement.

To summarize the main strategical ideas in a few words, we will say that:

- * All possible measures must be taken to ensure the security of the teams. The present situation can smoothly evolve toward peace at national level, but has at least as many chances to quickly degenerate into violence and struggle. The nature of the help H.I. wants to bring doesn't justify to take any risks for individual lifes.
- * The start should be light, in order to be quickly adapted to the local reality in terms of beneficiaries, partnership and options for autonomy.
- * But the perspective must remains open to a global approach of the disability and to further geographic extension according to the evolution of the security conditions in other parts of the country (especially in the South).
- * Coordination should be a key word.

TELEPHONE DIRECTORY: HERAT CITY

MINARITS GUEST HOUSE.....	3048
IAM.....	2772/3321 (PRIVATE)
MDM.....	3569
MDM STAFF HOUSE KALAI NAO.....	(OPERATOR)
KALAI NAO GENERAL HOSPITAL.....	(OPERATOR)
FACULTY OF MEDICINE.....	3481
HOSPITAL.....	3412-3413
BLOC OP.....	3410
UNOCHA.....	OFFICE..... 3488
STAFF HOUSE..	3180
UNHCR.....	3502
NPO.....	2629
OPS.....	2125
ICRC.....	2236
ARCS.....	2550
OMAR.....	3024
CHA.....	2752
DACAAR.....	3277
WHO.....	3411/3180 (PRIVATE)
GAF.....	2410
TURKMENE CONSULATE.....	3534
IRAN CONSULATE.....	2830/2820/2821
GOVERNMENT ADMINISTRATION.....	2512
Mr YUSSUFI.....	2513
GOVERNOR OFFICE.....	2513/2511
DEPUTY GOVERNOR OFFICE.....	3148/2052
PTT.....	2009
FIRE STATION.....	2721
SECURITY POLICE.....	2120
GENERAL TRANSPORT.....	2215
DA AFGHANISTAN BANK.....	2615
MONEY EXCHANGE.....	3284
CHAMBER OF COMMERCE.....	3250

KEY MAP

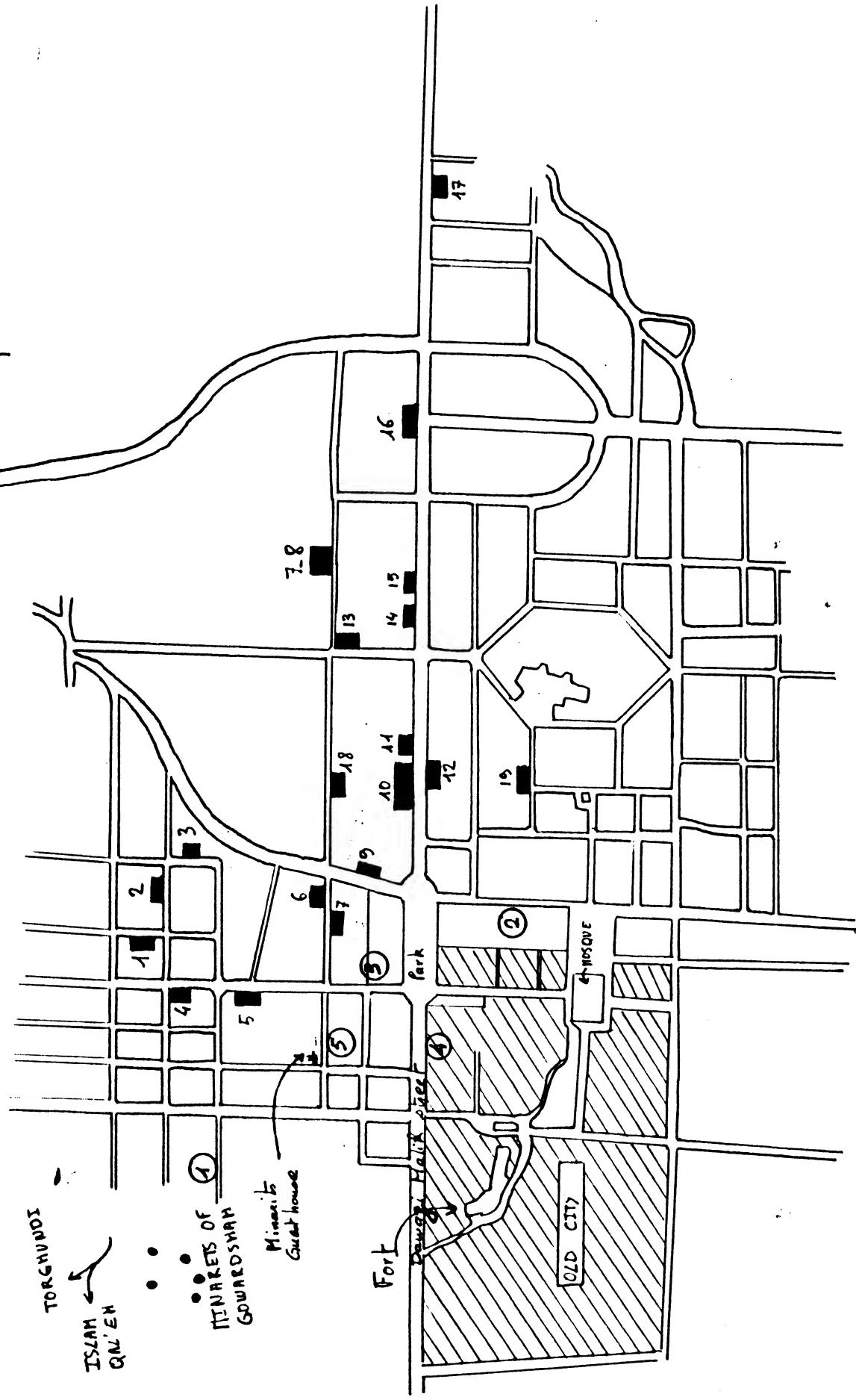
Agencies and NGOs

Stores and shops

- | | |
|----------------------------|-----------------------------|
| 1 UNOCHA/UN STAFF HOUSE N1 | 11 ICRC ORTHOPAEDIC CENTRE |
| 2 NPO/BNSP | 12 DACAAR |
| 3 OMAR | 13 UNICEF |
| 4 UNICEF GUEST HOUSE | 14 UNHCR/OPS RESIDENCE |
| 5 ICRC | 15 IRANIAN CONSULATE |
| 6 MDM | 16 GOVERNOR'S HOUSE |
| 7 FAO | 17 UNDP/OPS |
| 8 UNHCR/IOM/WFP | 18 SHURA FOR REHABILITATION |
| 9 UNOCHA/UN STAFF HOUSE N2 | 19 WFP RESIDENCE |
| 10 HOSPITAL/WHO/MDM | |
- ① STORE OF MR NASAR AHMAD: STEEL AND GALVANIZED SHEETS, PLASTIC
 PIPE, GALVANIZED PIPE, IRON BARS AND SO ON.
 ② BOLTS SHOP: BOLTS, NUTS, WASHERS, GRINDER WHEELS, SAND
 PAPERS.
 ③ ANSARI MARKET: MR MIRHAJ DIN: PLASTER OF PARIS AND PLASTIC
 LEATHER FOR COVERING.
 ④ SHOP OF MR NASAR AHMAD. TEL: 2295
 ⑤ SAWMILL

HERAT

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TECHNICAL REPORT OF THE HI EXPLORATORY MISSION

TO HERAT PROVINCE
from 7 up to 18 December

Aims of the mission:

- a) To know which tools and materials are available in Herat city and Meshed (Iran).
 - b) To get an addresses'directory of shopkeepers in Herat city and Meshed (Iran).
 - c) To get a prices'list of tools and materials available in Herat city and Meshed (Iran).
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Remarks:

- It was impossible to get Iranian visa on time. The survey in Meshed has been postponed.
- The exchange rate was: 1 rs = 120 Afghanis
1 US\$ = 3950 Afghanis
1 US\$ = 31.2 rs

At the end of our stay the exchange rate was:

1 rs = 126 Afghanis
1 US\$ = 4020 Afghanis

The inflation is around 80%.

- Most of the time people do not know the rate exchange between US\$ and Afghani. The prices they give you in dollars and then in Afghani (for the same Item) are different.
- Mostly, all the materials and tools we use in Quetta are available in Herat. However, tools come from China and the quality is not so good.
- There are many shops for tools and materials (nails, rivets, hack saw and so on) located in the old city.
- There are in town many shops for cars spare parts and welding shops as well.

HERAT: Tools, materials and prices list: December 94

ITEM	UNIT	PRICE (Afgs)
Buckle	Pair	100
Hack saw blade	Piece	400
Hand sewing needle	Piece	600
Eyelet	Piece	25
Hack saw frame	Piece	3,000
Galvanized sheet (1)	2m x 1m	50,000
Black leather for shoes (2)	Foot ²	2,500
Leather for shoes soles	Kg	30,000

ITEM	UNIT	PRICE (Afgs)
Spirit level	Piece	9,000
Padlock	Piece	2,500
Nail L=1"	Pound	2,700
Nail L=3/4"	Pound	2,700
Screwdriver L=10"	Piece	4,000
Sand paper	Sheet	150
Steel square L=9"	Piece	5,000
Sewing thread	Roll	1,500
Mosquitos net		
White glue	Can	4,000
Steel tape L=3m	Piece	3,000
Sewing machine	Piece	100,000
Bicycle	Piece	245,000
Vice grip plier	Piece	6,000
Plane blade	Piece	3,000
Wood saw	Piece	7,000
Wooden plane	Piece	18,000
Plaster of Paris (50 kg)(3	Bag	6,000
Glue for leather (1 kg)	Can	8,500
Moquette cutter	Piece	2,500
Generator/yamaha EDI 5000	Piece	5,000,000
Generator/yamaha EDK 3000	Piece	4,500,000
Generator/yamaha ET 1500	Piece	3,000,000

ITEM	UNIT	PRICE (Afgs)
Wooden plane	Piece	18,000
Plaster of Paris (50 kg)	Bag	6,000
Wood (4)		
Rivet		
Speed rivet		
Grinder wheel		
Washer		
Bolts (5)		

(1) Many shops which are dealing with those kinds of materials are located along Damazi Malik street (see Herat's map).

I have found galvanized and steel sheets easily (especially to Mr Nasar Ahmad) but no stainless steel sheets (see pictures report). Shopkeepers reported to me that they can get stainless steel sheets in Meshed (see the key map to get the address of Mr Nasar Ahmad).

(2) There is no leather shops. I have found the leather mostly in shoemaker shops.

Different qualities of leather are available. Leather comes from Meshed and Quetta (see pictures report). I used a local translator, Mr Zabi Ullah to help me in the bazar. He worked for several years in a leather company in Meshed. We can contact him any time to get some addresses in Meshed. At the present time, he is working for the Afghan Red Crescent Society (ARCS) (tel: 2550). We can contact him also through the owner of the Minarits guest house, Mr Ghulam MOHD.

(3) Plaster of paris is available in Ansari Market (see Herat map).

(4) There are a lot of sawmills and wood stores as well. One is located near Minarits guest house (see Herat map and pictures report).

Workers have reported to me that machines (band saws, surfacing machines and so on) come from Meshed.

(5) Bolts and nuts are available everywhere. I have found only one shop where different sizes are concentrated (see Herat map and pictures report).

HERAT: Prices list of essential goods: December 94

ITEM	UNIT	PRICE (Afgs)
Bread (Nan)	Piece	150
Orange	Kg	1,500
Mandarine	Kg	1,200
Apple	Kg	1,000
Pear	Kg	1,000
Potatoes	Kg	500
Carrot	Kg	400
Aubergine	Kg	1,000
Pasta	Kg	1,000
Rice	Kg	1,750
Vegetable oil	16 Kg	95,000
Sugar	Kg	2,100
Sheep meat	Kg	3,500
Beef meat	Kg	2,800
Chicken	Kg	7,000
Fish	Kg	1,000
Egg	Piece	250
Milk	L	1,000
Jam	250g	2,000
Coca cola	Small b.	200
Tea	Kg	13,000
Coffee	Kg	12,000
Biscuit	Packet	600

ITEM	UNIT	PRICE (Afgs)
Toothpaste	Tube	3,000/5,000
Soap (imported)	Piece	2,000
Shampoo	Bottle	4,500
Toilet paper	Roll	500
Washing powder	Packet	800
Cigarette (local)	Packet	200/600
Cigarette (imported)	Packet	2,000

Conclusions and advices:

- Even if at the present time, all tools and materials we use are not available (like the stainless steel sheets) to produce orthopaedic devices, it will be easy to deal locally with the shopkeepers to supply us through Iranian and Pakistani storekeepers.
- To adapt technically our devices: maybe sizes of speed rivets, of the rivets or eyelets used in our workshop in Quetta are not available in Herat. In this case, we would be obliged to adapt our devices with what is available on the local market.
- The most important is to have the same technology than the other agencies which are working already inside Afghanistan in physiotherapy treatments and orthopaedic devices supply. It means, that if Handicap International set up an orthopaedic centre in Herat, we must use plastic (PVC, PPP or resin). This will permit the disabled to get reparation in all agencies. This solution would avoid conflicts and competition among the agencies. Above all, patients prefer plastic technique. If this option is chosen, the survey in Meshed would be oriented on the possibilities in plastic supply.
- Patients should participate in the operating costs (for the devices, the consultations, the physiotherapy treatments): nothing is free in this country. In fact, this is a step essential for the autonomy of this program. Moreover, with my experience, I can say that, when people pay, the services they receive are highly regarded.
- For many reasons (see the report of François), I recommend to start with a small structure and 10 technicians maximum. We have time!: at the very beginning, it is better not to disperse our activities and to focus our production on a few kinds of devices (for example: orthopaedic shoes and splints). But it is difficult to make a choice regarding the lack of informations and statistics.

